UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7-19-05

2 Serial/Patent # 10/520365

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
✓ Filing			$ 50
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
Petition			$
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$

7 TOTAL AMOUNT OF REFUND	$ 50

8 TO BE REFUNDED BY:

✓ Treasury Check

Credit Deposit A/C #:

9 ☐ ☐ ☐ ☐ -- ☐ ☐ ☐ ☐

10 REASON:

✓ Overpayment

✓ Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: John Anderson

SIGNATURE: _John Anderson_

OFFICE: PCT DO/EO

TITLE: Paralegal Specialist

PHONE: 7) 308-9140 ext 24

****

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _Harry Phillips_   DATE: 7-20-05

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

FORM PTO 1577
(01/00)

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Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7-19-05	2 Serial/Patent # 10/520365

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
✓ Filing			$ 180
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
Petition			$
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$

7 TOTAL AMOUNT OF REFUND	$ 180

8 TO BE REFUNDED BY:

✓ Treasury Check

Credit Deposit A/C #:

9 | | | -- | | | |

10 REASON:

	Overpayment
	Duplicate Payment
✓	No Fee Due (Explanation):

Improper Claims

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: John Anderson   TITLE: Paralegal Specialist

SIGNATURE: John Anderson   PHONE: 1/308-9140 - 211

OFFICE: PCT DO/EO

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APPROVED: _____   DATE: _____

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